Conflict of Interest

CANDIDATE
Statement of Financial Interest

RECEIVED
MAR 0 8 2018
S.D. SEC. OF STATE

Candidates who files:

State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29) , and

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30)

Deadline to file: Within **15 days** after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The Secretary of State **except local candidates** file with the office where they file their nominating petition.

Please print:

Full Name Phil Jensen

Complete Address 10215 Pioneer Ave Rapid City SD 57702

Office Sought *(list District number if applicable)* Senate Dist. 33

What is your occupation/profession? self employed

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Phil Jensen	Health Advantage Inc	President
Phil Jensen	Marshall Lea Enterprises LLC	President
		Filed this 8th **day of** March 2018
		Shantel Krebs SECRETARY OF STATE

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Phil Jensen
(Signature)

3-8-18
(Date)

Conflict of Interest

CANDIDATE

Statement of Financial Interest

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MAR 26 2018
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Candidates who files:

State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

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File with: The Secretary of State **except local candidates** file with the office where they file their nominating petition.

Please print:

Full Name Phil Jensen

Complete Address 10215 Pioneer Ave Rapid City SD 57702

Office Sought *(list District number if applicable)* Senate Dist. 33

What is your occupation/profession? self employed

Filed this 26th day of March 2018
Shantel Krebs
SECRETARY OF STATE

List any source of funds (business or economic relationship) which contributes **more than $1,000** or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

**The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Phil Jensen	Health Advantage Inc	President
Phil Jensen	Marshall Lea Enterprises LLC	President
Janet Jensen	Health Advantage, Inc.	Officer
Janet Jensen	Marshall Lea Enterprises LLC	Officer

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

SECRETARY OF STATE

Phil Jensen
(Signature)

3-26-18
(Date)